

GARDNER ASPHALT IS AN EQUAL OPPORTUNITY EMPLOYER

ALL PERSONS SHALL HAVE THE OPPORTUNITY TO BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, DISABILITY, SEX, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, CITIZENSHIP, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAW.

Last Name (print)	First Name	Middle	Social Security No. — —
Address (Street)	City	State	Zip
Mailing Address (if other than above)			Telephone Number ()
Is there any name, other than the one stated above, by which you can be identified by previous employees or educational institutions?			Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, state your age _____
Position Applied For	Salary Expected	Who referred you?	
Date Available for Work	Are you able to work required work schedule/shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Are you either a U.S. Citizen or an alien who has the legal right to work in the job for which you are applying? YES NO
Pursuant to the immigration reform and control act of 1986, all new employees, upon being made an offer of employment, must produce documents, which are specified by the Federal Government establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You will also be required to sign form I-9 (issued by the Federal Government) verifying, under oath, your employment authorization.

Have you ever been employed by this company? YES NO

Have you been convicted of a Felony within the last 5 years? YES NO
 If YES Explain:
 DATES: From _____ To _____

Names and relationship of relatives, other than spouse, already employed at this company

EDUCATIONAL HISTORY

SCHOOL	NAME OF SCHOOL / AND LOCATION	MAJOR COURSE	CIRCLE LAST YEAR COMPLETED
HIGH SCHOOL			9 11 GED 10 12
COLLEGE, TRADE, PROFESSIONAL			1 2 3 4 5
OTHER, INCLUDE MILITARY			
Honors & Activities		Other Languages Spoken Fluently	
Degree Attained	Average Grade in High School:	COLLEGE GPA Based on _____ Possible Points _____	

Typing _____ wpm What software are you proficient in? _____

Shorthand _____ wpm _____

List Professional and Other Organizations to which you belong, other than those organizations, the name or character which would indicate the race, color, religion, national origin or ancestry of its members that you feel useful to us to know about in evaluating your possibilities for employment.

Note: Entire form must be filled out, even if resume is attached
EMPLOYMENT RECORD (List Most Recent Position First, Including Military)

1. Present or Most Recent Employer Date of Hire _____ To _____	Employer	Address (include City, State, Zip)	Telephone Number ()	
	Your Position	Name and Title of Supervisor	Starting Salary	Final Salary
	Description of Work Performed			
	Reason for Leaving			
2. Previous Employer Date of Hire _____ To _____	Employer	Address (include City, State, Zip)	Telephone Number ()	
	Your Position	Name and Title of Supervisor	Starting Salary	Final Salary
	Description of Work Performed			
	Reason for Leaving			
3. Previous Employer Date of Hire _____ To _____	Employer	Address (include City, State, Zip)	Telephone Number ()	
	Your Position	Name and Title of Supervisor	Starting Salary	Final Salary
	Description of Work Performed			
	Reason for Leaving			
4. Previous Employer Date of Hire _____ To _____	Employer	Address (include City, State, Zip)	Telephone Number ()	
	Your Position	Name and Title of Supervisor	Starting Salary	Final Salary
	Description of Work Performed			
	Reason for Leaving			

May we contact your present employer? YES NO Past Employers? YES NO

Account for all unemployed time since leaving school, between positions held, or previous employers.

Period of Time

State What You Were Doing

mo yr

mo yr

mo yr

Do you meet the qualification standards which have been established for this position?

YES _____ NO _____

Are you aware of any reason why you cannot perform the essential functions of this job with or without reasonable accommodation?

YES _____ NO _____

If YES, explain: _____

REFERENCES (Not former employers or relatives)

NAME	ADDRESS	PHONE	OCCUPATION

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE AND UNDERSTAND THAT THE OMISSION AND/OR MISREPRESENTATION OF ANY FACT WILL BE CAUSE FOR IMMEDIATE DISMISSAL.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY'S RULES AND REGULATIONS. I UNDERSTAND THAT MY EMPLOYMENT WITH GARDNER ASPHALT CORPORATION MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER GARDNER ASPHALT OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF GARDNER ASPHALT CORPORATION, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY, PROCEDURE, BENEFIT OR OTHER TERM OR CONDITION OF EMPLOYMENT, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I GIVE MY PERMISSION TO CONTACT ALL OR ANY OF MY PREVIOUS EMPLOYERS AND REFERENCES FOR FULL INFORMATION.

IF AN OFFER OF EMPLOYMENT IS MADE, I AGREE TO PHYSICAL AND MEDICAL EXAMINATIONS AT THE OPTION OF THE COMPANY, AT NO PERSONAL EXPENSE, AND AGREE TO THE EXAMINING PHYSICIAN MAY DISCLOSE TO THE COMPANY OR ITS REPRESENTATIVE THE RESULTS OF SUCH EXAMINATIONS.

Date _____ Signature (do not print) _____

INTERVIEW COMMENTS: _____
